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Heart Failure and Cardiomyopathies

CARDIAC RETRANSPLANTATION: HOW FAR HAVE WE COME?

Poster Contributions
Hall C
Saturday, March 29, 2014, 3:45 p.m.-4:30 p.m.

Session Title: Heart Failure and Cardiomyopathies: Therapy II
Abstract Category: 14. Heart Failure and Cardiomyopathies: Therapy
Presentation Number: 1146-161

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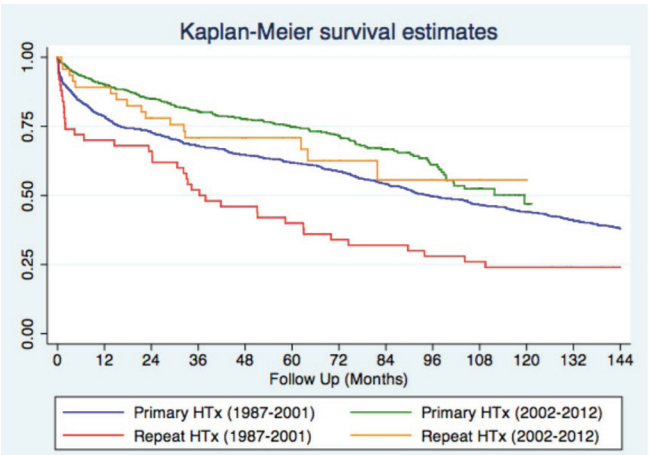
Background: Redo heart transplantation (rHT) poses an ethical issue given the scarcity of donors. We sought to investigate long-term outcomes by era performed at a busy US center that has performed greater than 2000 heart transplants (HT).

Methods: 1378 HT & 95 rHT pts were identified(1987-2012) & stratified by era (1: 1987-2001 [732 HT; 49 rHT] & 2: 2002-2012 [648 HT; 46 rHT]). Exclusions included: rHT>1 & follow-up (FU) loss. Survival was censored at 12y & multivariate Cox proportional hazard regression models were adjusted for age, sex, diabetes, race, ischemic time, dialysis, etiology, life support, wait time & HLA mismatch.

Results: Mean age was 47y ± 20. Amongst rHT pts, transplant vasculopathy was the most prevalent indication (79%) whereas dilated (43%) and ischemic cardiomyopathy (40%) was most prevalent for first-time HT. FU began at time of first HT (mean 72 ± 63 months). 751 pts died (50% HT & 58% rHT, p=0.16). Crude survival is shown (Figure). Unadjusted HR for all-cause mortality (rHT vs HT) was 1.52 (CI 1.15-2.02). Multivariate analysis yielded a hazard ratio of 1.56 (CI 1.10 to 2.21). Comparing HT, era 2 vs. era 1: [era 2 [0.66 (0.55-0.79)]. Comparing rHT, era 2 vs. era 1: [0.45 (0.25-0.81)]. After adjustment: HT [era 2 vs 1 [0.66 (0.55-0.79)] and rHT: era 2 vs era1: [0.44 (0.24-0.80).

Conclusions: In selected patients, rHT can be performed with comparable short and long-term outcomes as first-time heart transplantation. Offering redo heart transplantation to selected patients is warranted.



	1 Month	1 Year	5 Year	10 Year
Era 1 (HT)	93%	79%	62%	44%
Era 1 (rHT)	88%	70%	40%	24%
Era 2 (HT)	98%	90%	75%	47%
Era 2 (rHT)	100%	89%	71%	56%